Accrual goal = 200 patients internationally. Trial entry into InPACT-neoadjuvant should take place within 4 weeks of planned start of treatment. Assigned treatment in InPACT-pelvis should commence no earlier than 6 weeks after ILND, with PLND or adjuvant chemoradiotherapy commencing no more than 12 weeks after ILND. Randomization into InPACT-pelvis can take place at any time after confirmation of high-risk disease following post-operative risk classification and prior to the planned InPACT-pelvis treatment start date. Treatment options are defined according to disease burden strata.

*Radiotherapy to groin alone or groin and pelvis.
†Radiotherapy to groin and pelvis.
**InPACT/EA8134**

**Overall EA8134 Study Objective**

To determine the optimal sequence of surgery, chemotherapy, and chemoradiotherapy in the routine clinical management of men with locally advanced squamous cell carcinoma (SCC) of the penis (however, all patients with clinically positive nodes may be eligible).

**Study Objectives**

*Primary Objective*

- Survival time (all patients)

*Secondary Objectives*

- All patients
  - Disease-specific and disease-free survival time
  - Toxicity and occurrence of at least one grade 3 or 4 adverse event
  - Occurrence of surgical complication
  - Feasibility of pathologic nodal assessment after chemotherapy
  - Quality of life (participating patients)

- InPACT-neoadjuvant patients
  - Occurrence of pathologic complete remission
  - Operability
  - Feasibility of on-schedule delivery of neoadjuvant therapy

- InPACT-pelvis patients
  - Occurrence of lower limb/scrotal edema
When evaluating patients for this study, please refer to the full protocol for the complete list of eligibility criteria.

Eligibility Criteria*

**Main Inclusion Criteria**
- Male and ≥ 18 years of age
- Histologically proven SSC of the penis
- Stage:
  - Any T, N1 (ie, a palpable mobile unilateral inguinal lymph node OR a single radiologically abnormal inguinal lymph node with no evidence of extra-nodal extension), M0
  - Any T, N3 (ie, fixed inguinal nodal mass or any pelvic lymphadenopathy), M0
  - Note: nodes not meeting RECIST criteria must be biopsied for pathologic confirmation

- InPACT-neoadjuvant: measurable disease (RECIST 1.1), or (for Arm A) a single, unilateral lymph node that is either palpable or radiologically abnormal, with histological/cytological evidence of metastatic involvement
- ECOG performance status 0–2
- Fit to receive the randomization options for which he is being considered
- Adequate hematologic, hepatic, and renal function

**Main Exclusion Criteria**
- Pure verrucous carcinoma of the penis
- Nonsquamous malignancy of the penis
- Squamous carcinoma of the urethra
- Stage M1 or regionally advanced (N1–3, M0) penile cancer with disease burden that is considered unresectable
- Previous systemic chemotherapy or chemoradiotherapy outside of the InPACT trial

*When evaluating patients for this study, please refer to the full protocol for the complete list of eligibility criteria.

(Continued)
Main Exclusion Criteria (cont.)

- Concurrent malignancy (other than SCC or basal cell carcinoma of non-penile skin) that has required surgical or nonsurgical treatment in the last 3 years
- Sexually active and unwilling to use effective contraception (if they are not surgically sterile)
- Radiological evidence of macroscopic pelvic lymph node disease on post-ILND cross-sectional imaging (InPACT-pelvis only)

Refer to protocol section 5.5 for additional eligibility criteria that apply to InPACT-neoadjuvant (ie, relating to nodal disease burden, GFR, and radiological evidence of macroscopic pelvic node involvement).

Refer to protocol section 5.6 for additional eligibility criteria that apply to InPACT-pelvis.